

# School Health-History Forms

## A Study of Those Used in California, with Suggestions for Changes

GABRIEL SMILKSTEIN, M.D., Claremont

■ *The health history form has an important role in the evaluation of student performance. Recommendations for therapeutic programs may be based on information gained from the health history.*

*One hundred three California high schools reported the frequency of their use of the health history form. Only 56 percent of these schools require health histories of their new students. Only 38 percent obtain health histories from their athletes.*

*Sixty-four of the 103 California high schools responding enclosed copies of the health history form in use in their schools. Analysis of these forms revealed a lack of uniformity of content and, in general, failure to obtain information pertinent to the in-school student problem.*

*A format for a school health history form whose primary purpose is to reveal school-related health data was developed.*

THE HEALTH HISTORY has been established as an essential part of the school age child's health appraisal. Its purpose is to give information on the genetic and environmental factors in the student's past medical history which might influence his education. The information gained from the student and his parents in the health history may serve the school to understand a student's performance or to detect a problem which might be subject to corrective measures.<sup>2</sup>

The purpose of this paper is to analyze the effectiveness of the health history as reflected in a response to a questionnaire sent to California high school administrators.

One hundred three responses were received from 200 questionnaires that had been sent to California high schools which were representative

on the basis of school size and geographical locations. In the period covered by the study (1967-68) there were 856 high schools in the state. Questionnaire replies and copies of the health history forms used by the respondents were received from the three major city school systems of San Diego, Los Angeles and San Francisco, as well as from representative high schools throughout the state.

The replies to the questionnaire from the 103 California high schools are tabulated in Table 1. In this study only 56 percent of the schools indicated that their new students are required to complete health history forms. K. D. Rogers, in his "Review of the Health Appraisal of the School Aged Child," indicated that the health history is the most neglected yet most important aspect of the analysis of student health problems.<sup>4</sup> From the health history the school official could obtain

Submitted 30 July 1968.

Reprint requests to: 335 Yale Avenue, Claremont 91711.

information not available by direct examination, teacher observation, or usual school screening tests.<sup>5</sup> It is also the most economical method for the school to obtain health information.

There is a tendency to overemphasize the in-school physical examination of the school child. The effectiveness of the annual in-school physical examination as a case-finding procedure for serious diseases has been studied and found wanting.<sup>1,4</sup> The conditions which have been discovered on in-school physical examination and which may be improved or corrected by health care are almost all in the categories of vision, hearing, dentistry, nutrition, and skin.<sup>3</sup> It is from the health history that the essential information on residual defects from serious diseases or injuries must be obtained.<sup>5</sup>

Sixty-four of the 103 respondents in this study enclosed a copy of their health history form. The items in the 64 health history forms were listed and the frequency of their appearance on the forms is summarized in Table 2.

The forms were characterized by a lack of uniformity of content. It would also appear that in general there was a failure to obtain information pertinent to the in-school student problems.

Questions on family history, which could contribute important genetic and environmental information, were included in only 14 (23 percent) of the forms. Questions on mental or emotional health appeared in 11 (17 percent). The answers in this area of inquiry varied from the superficial

"difficulty in concentration" to a more forthright "desires psychiatric help."

Only 39 (38 percent) of the 103 schools which responded offered a health history for athletes. It would appear that at a time when all those involved in sports medicine are increasingly concerned with

TABLE 2.—Summary of Major Items on Health History Form From 64 California High Schools

Items Asked About		Schools No.	%
Head	Headaches	31	48
	Head injury	15	23
	Dizziness or fainting	39	61
Eyes	Glasses or contact lenses	32	50
	Eye defects	34	53
Ear, Nose, Throat	Hearing defects	33	52
	Punctured ears	2	3
	Recurrent ear infection, "discharging ear"	16	25
	Broken nose	1	2
	Speech difficulties	9	14
	Sinusitis	6	9
Neck	Dental problems	28	44
	Neck injury	2	3
	Thyroid problems	4	6
Heart and Lungs	Tuberculosis or contact	49	77
	Heart disorder	46	72
	Asthma	36	56
Abdomen and Genito-Urinary	Symptoms of lung disease	28	44
	Abdominal symptoms	18	28
	Hernia	52	81
	Loss or absence of testicle	1	2
	Loss or malfunction of one kidney	11	17
	Kidney disease	11	17
Bone and Joint	Enuresis or bedwetting	10	16
	Ankle injury	1	2
	Knee injuries	7	11
	Joint disability	26	41
	Bone disease	6	9
	Back trouble	12	19
Nervous System	Poliomyelitis	33	52
	Convulsion or epilepsy	37	58
Endocrine, Blood or Tissue Diseases	Diabetes	39	61
	Skin infection	15	23
	Rheumatic fever	47	73
	Weight change	3	7
Present Use of Medications	Specific medications	10	16
Emotional or Mental History		16	26
Immunization	Tetanus	52	81
	Polio	49	77
	Tbc skin test or x-ray	32	50
Allergies	Bee stings	5	8
	Food	4	7
	Medicine	4	7
	Hay fever	22	34
Indicate If You Have Had	Allergies	27	42
	Operations	45	70
	T&A	11	17
	Appendectomy	8	13
Health Habits	Accidents	31	48
	Serious illnesses	50	78
	Use of:		
	Alcohol	1	2
Do You Have Any Health Problems Infectious Diseases (17 diseases listed)	Tobacco	2	3
	Stimulants	1	2
	Sedatives	1	2
		4	6

TABLE 1.—Summary of 103 Responses to Questionnaire Sent to 200 High Schools in California

(Total 103)	
All students complete a health questionnaire . . . . .	47
Upon entering high school . . . . .	45
As freshmen . . . . .	32
As new students . . . . .	58
Beginning of each academic year . . . . .	13
All athletes complete a health questionnaire . . . . .	39
Beginning each academic year . . . . .	29
Beginning each sports session . . . . .	36
Additional comments:	
Medical examination required for participation in athletic program.	
Medical examination recommended for incoming ninth graders.	
Health questionnaire not required since there is a rather complete medical information card and packet from the feeder junior high schools in the area and on all entering students.	
Physical examination given by school physician/given by student's family physician.	
Examination given routinely upon entrance by M.D. and R.N.	
Examination at the beginning of sports season when the student has sustained an injury in a preceding sport.	
Athletes must complete C.I.F.P.F. Doctor's Card.	
Personal interview by school nurse instead of questionnaire.	

the prevention of injuries, the role of the health history is being neglected. A review of Table 2 will show that most forms are deficient in information which would be of real value to the team physician, the coach, or the trainer. Fewer than 5 percent of the 64 schools whose health history forms were studied had items on punctured ear drums, broken nose, neck injury, loss of function or absence of testicle, or loss of function or absence of kidney. These deficiencies could be critical in the evaluation of the athlete.

Not one health history form received had an item on the time of onset of menses or inquiry as to dysmenorrhea. The time of onset of menses can give valuable information on student maturation age. Dysmenorrhea is a major cause of absenteeism for high school girls. Identification of students

with recurrent dysmenorrhea would allow the school nurse the opportunity to counsel these students about their problem.

An ideal health history form should offer a review of the student's physical and emotional system. The items in this review should have application in the school setting. It would appear that most health history forms now in use follow the classical design of those used in a physician's office. Hence they contain much information which is of little use to the educator. An example of items appearing on the health history forms which would be irrelevant to the educator are questions on trachoma, enlarged nodular thyroid, rectal bleeding, kidney stones, lax rings, tumors, and malaria.

Appendix A shows a health history form that

APPENDIX A—Suggested Health History Form Developed to Overcome Shortcomings of Forms Now in Use		
Name	Age	Abdomen and Genito-Urinary
Address	Grade	
Phone	Family Doctor	
Date	Family Dentist	
Family History:		Yes No
Does anyone in your immediate family have:		
Diabetes		
Allergies (Asthma, Hives, Hay fever)		
Migraine		
Tuberculosis		
Emotional Illness		
Medical History:		Yes No
Have you had or do you now have any of the following:		
Head		
Brain concussion		
Tendency to lose consciousness or faint		
Recurrent headaches		
Skull fracture		
Convulsions or epilepsy		
Eyes		
Uncorrectable vision in one eye		
Blindness in one eye		
Eye injury		
Glasses or contact lenses		
Ear, Nose, Throat, or Mouth		
Hearing loss		
Perforated ear drum		
Recurrent discharge from an ear		
Recurrent sinus infection		
Broken nose		
Repair of a broken tooth		
Dental plate		
Orthodontia		
Difficulty with speech		
Neck		
Neck injury		
Heart and Lungs		
Asthma		
Heart disease		
Rheumatic fever		
High blood pressure		
Recurrent or persistent cough		
		Hernia
		Loss of function or absence of a kidney
		Boys: Loss of function or absence of a testicle
		Girls: Age of onset of menses . . . .
		Marked discomfort with menstruation
		Bone and Joint
		Back injury or recurrent backache
		Knee injury
		Ankle injury
		Shoulder injury
		Other joint disability
		Bone infection
		Bone fracture
		Osgood-Schlatter's disease
		Endocrine, Blood
		Diabetes
		Bleeding tendency or bruise easily
		Anemia
		Skin
		Recurrent rash
		Fungus infection
		Athlete's foot
		Recurrent boils
		Allergies
		Asthma
		Hay fever
		Hives or rash
		Bee sting reactions
		Medicines
		(If yes, name) . . . . .
		Medications
		Routine med.: Is there a medicine you take on a regular basis?
		If yes, name . . . . .
		Emergency med.: Is there a medicine you take for emergency use?
		If yes, name . . . . .
		Emotional or Mental
		Would you wish to discuss an emotional problem or treatment program with a school nurse or psychologist?
		Immunization
		Dates last booster
		Tetanus-diphtheria . . . . .
		Polio . . . . .
		Smallpox . . . . .
		Measles . . . . .

includes the items which would be pertinent to the needs of school officials. Information is not asked on past operations and illnesses which would be found on the health history form in a physician's office, for it would contribute little to the school child's health history unless accompanied by a record of residual defects. The physical and emotional system review gives a health profile which is aimed to reveal these residual defects.

It is suggested that the school nurse screen the health history form. In large school districts, or for purposes of data collection, these forms could be prepared for machine processing. The school nurse or a responsible member of the school health department should then see that pertinent information is transmitted through appropriate channels. Teachers, department heads, guidance teachers, school psychologists, coaches and the like should receive reports on students whose health history

form suggests problems in their respective departments.

This study would suggest that the health history form as it is used in the California high schools is at times archaic, inconsistent and poorly designed for the evaluation of student health problems. It would appear desirable that school health officials and educators take steps to review, update, and standardize the health history form in the schools of the State of California.

#### REFERENCES

1. Gitlin, M., Flug, D., and Sive, P.: The evaluation of routine physical examinations of school children in the eighth grade of elementary school, *J. Sch. Health*, 36:572-600, Oct. 1966.
2. Randall, Harriet B.: Strength and limitations of the cumulative health record, *J. Sch. Health*, 37:86-89, Feb. 1967.
3. Rogers, K. D., and Reese, G.: Health studies—presumably normal high school students, *Am. J. Dis. Child.*, 108:572-600, Dec. 1964.
4. Rogers, K. D.: Health appraisal of school-age children, *The Pediat. Clin. N. Amer.*, 12:865-884, Nov. 1965.
5. Wilson, Charles C.: *School Health Services*, 2d ed. National Education Association and the American Medical Association, Chicago, 1964, pp. 39-69, esp. 46-57.

#### FACTORS IN DECIDING UPON RENAL TRANSPLANT

"In a patient who has renal failure, how does one decide whether to use maintenance chronic hemodialysis or to submit the patient for renal transplantation?

"The guidelines which govern this decision are in the earliest formative stage. I think the results with well-matched siblings are so good now that if you have a patient who has a group of siblings, this probably is a reasonable thing to do right at the outset. On the other side of the coin, the patients who seem to be doing the best on dialysis are patients in the older age group, above 35. The older they are, the better they seem to do. Our earlier fears about older people not being able to handle dialysis physically are being dispelled. On the other hand, the young, active people—particularly young males—have a very difficult time adjusting to the restraints of dialysis; from that side of the picture, that's the kind of patient I think should be transplanted straight away. Children are not growing well on dialysis, if at all."

—BELDING H. SCRIBNER, M.D., Seattle  
Extracted from *Audio-Digest Internal Medicine*, Vol. 15, No. 21, in the Audio-Digest Foundation's subscription series of tape-recorded programs.